



Missouri Pharmacy Program – Preferred Drug List



Oral Antidiabetics: Biguanides

Effective 04/13/2005

Revised 01/03/2008

Preferred Agents

- Metformin HCl
- Metformin HCl ER

Non-Preferred Agents

- Fortamet®
- Glucophage®
- Glucophage XR®
- Riomet®
- Glumetza®

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with documented trial period for 1 or more preferred agent(s)	Lack of adequate trial on required preferred agents.
Documented trial period for preferred agents	Therapy will be denied if no approval criteria are met.
Documented ADE/ADR to preferred agents.	
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030